RECEIVED FEO MAIL CENTER 2011 JUL 22 AM 11: 41

FEC FORM 1	STATEMENT OF ORGANIZATION				Office Use Only
NAME OF COMMITTEE (in full)		ck if name anged)	Example:If typing, type over the lines.	12FE4M	5
Titus for Con	gress				
			<u> </u>		
ADDRESS (number and street) PO Box 50614					
(Check if address			<u> </u>		
is changed)	Hende	erson	لبببب	NV	89016
		cr	ry ·	STATE	ZIP CODE
COMMITTEE'S E-MAIL A	DDRESS (Please pro	vide only one e-m	ail address)		
(Check if add		dinatitus	s.com		
is changed)					
COMMITTEE'S WEB PAC	GE ADDRESS (URL)				
(Charle # adde	www.	dinatitus.	com , , , , , ,		
(Check if addr is changed)	ess Lilia				
2. DATE 07"	′ 19°′ 201	ť .*			
3. FEC IDENTIFICATION	ON NUMBER	С			
4. IS THIS STATEMEN	T NEW (N)	OR	AMENDED (A)		
I certify that I have exam	ined this Statement i	and to the best of	' my knowledge and belief it	is true, corre	ct and complete.
Type or Print Name of Tr	easurer Thor	nas Wrigh	nt	· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer	Thomas	-Wreg	U"	Date Ö	7' ' 19' ' 2011 '
NOTE: Submission of false	•		ny subject the person signing to SHOULD BE REPORTED W		to the penalties of 2 U.S.C. §437g. S.
Office Use Only			For turther information or Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC	For	m 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee	
F	are X	Committee:	
(a) [This committee is a principal campaign committee. (Complete the candidate information below.	,
b) [This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candida		Dina Titus	
Candida	te	Office C	State NV
Party Af	filiatio	on DEM Sought: Mouse Senate President	District NA
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	,
Name of Candida			
Party (Com	mittee:	
d) [This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Ac	ction Committee (PAC):	
е) [This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or party
•	ш	committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	raising Representative:	
(g)	7	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a fadoral candidate	
- h) [_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
Ĺ		committees/organizations, none of which is an authorized committee of a federal candidate.	,
C	Comi	mittees Participating in Joint Fundraiser	
•	1.	FEC ID number	againe grant party and a series
9	2.		
			en e
3	3.	Terminal Company	
4	4.	FEC ID number C	

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Write or Type Committee		
Titus for Cong	gress	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
1		
Mailing Address	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Represe	
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the	person in possession of committee
Full Name	omas Wright	·
Mailing Address	PO Box 50614	
	Henderson	89016
Title or Position	CITY STATE	ZIP CODE
Treasurer	1 Telephone number	702, - 769, - 9225
8. Treasurer: List the name any designated agent (ne and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name of Treasurer	omas Wright	_
Mailing Address	PO Box 50614	
		1 1 1 1 1 1 1 1 1 1 1 1
	Henderson	<u> 89016 - </u>
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	702, - 769, - 9225

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Mailing Address

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